

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049285

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 129

STATE FILE NUMBER

VS 300  
Rev. 4/59

1/070

2/1070

3

4 0

5 1

6

7 1

8 2

9/178X

10

11

12 1-0

13 4-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. <del>FILED</del> <b>JAN 2 1963</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Texas</b>		a. STATE <b>Mo.</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Houston</b>		c. CITY OR TOWN <b>Willow Springs</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>Star Route</b>	
3. NAME OF DECEASED (Type or print) First <b>DON</b> Middle <b>LEFAND</b> Last <b>DEBO, JR.</b>		4. DATE OF DEATH Month <b>12</b> Day <b>21</b> Year <b>62</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/1/30</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Restaurant Work</b>		11. BIRTHPLACE (City and state or country) <b>Omaha, Nebr.</b>	
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Ethel Debo, Willow Springs, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARCINOMATOSIS</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>SEMINOMA OF TESTICLES</b> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>2 YEARS</b> <b>6 YEARS</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>4:30</b> a.m. <b>A.M.</b> Month, Day, Year <b>11-9-62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Houston, Mo.</b>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>11-9-62</b> to <b>12/21/62</b> and last saw him alive on <b>12/21/62</b> Death occurred at <b>4:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Wm. Dryer, M.D.</b> (Degree or title)		22b. ADDRESS <b>Houston, Mo.</b>	
22c. DATE SIGNED <b>12/23/62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/24/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Plesant Grove</b>	
23d. LOCATION (City, town, or county) <b>Willow Spgs (Rural), Mo.</b>		23e. REGISTRAR'S SIGNATURE <b>Myrtle Craig</b>	
24. FUNERAL DIRECTOR <b>Burns, Willow Springs, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-28-62</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 11 1963

JAN 7 1963  
JAN 9 1963

### STATEMENT BY LICENSED EMBALMER

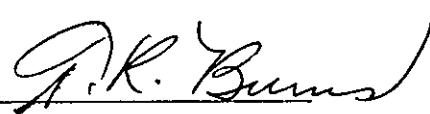
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

T. R. Burns



Licensed Embalmer No. 4214

P. O. Address Willow Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.